



Certificate of No Effect or Certificate of Approval

Application Form

RE: ARCHAEOLOGICAL RESOURCES ORDINANCE

Parcel Number: _____ - _____ - _____ Quarter Section: _____

Street Address: _____

Applicant Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____ E-Mail: _____

Owner Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____ E-Mail: _____

Notes: _____

Development Project Application

- | | | |
|--|--|--|
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Use Permit | <input type="checkbox"/> General Plan |
| <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Final Plat | <input type="checkbox"/> Master Plan |
| <input type="checkbox"/> Development Rev Board | <input type="checkbox"/> Lot Split | <input type="checkbox"/> Building Permit |
| <input type="checkbox"/> Grading Permit | <input type="checkbox"/> Infrastructure Imp. | <input type="checkbox"/> Native Plant |

Archaeological Survey & Report

- ☐ Archaeological Survey and Report Submitted Date: _____
- Name of Report: _____
- Prepared By: _____

Applicants/Archaeologists Stop Here

Scottsdale Historic Preservation Program

7506 E Indian School Rd, Scottsdale, AZ 85251 ♦ Phone: 480-312-7000 ♦ Fax: 480-312-7088

THIS SIDE OF FORM TO BE COMPLETED BY CITY

Accepted by: _____
 Complete/Approved: _____
 (Historic Preservation Officer/City Archaeologist)

Date: _____
 Date: _____

CERTIFICATE OF NO EFFECT

☐ Approved, in accordance with the following findings:

- _____ No archaeological resources are located on the property.
 _____ No significant archaeological resources are impacted.
 _____ Significant archaeological resources are protected:
 Type of permanent protection provided _____
 Documentation of permanent protection provided and approved _____

☐ Denied, Certificate of Approval Required

Signature: _____ Date: _____
 (Historic Preservation Officer/City Archaeologist)

CERTIFICATE OF APPROVAL

Dates:

- _____ Submittal of Revised Archaeological Survey and Report
 _____ Approved Revised Archaeological Survey and Report
 _____ Submittal of Mitigation Plan
 _____ Approved Mitigation Plan by HPO/Archaeologist or
 _____ Satisfactory Implementation of Mitigation Plan

☐ Denied: _____

☐ Approved

Signature: _____ Date: _____
 (Historic Preservation Officer/City Archaeologist)

APPEALS

<u>Certificate of No Effect</u>	<u>Certificate of Approval</u>	<u>Mitigation Plan</u>
Appeal Date:	Appeal Date:	Appeal Date:
HPC Hearing:	HPC Hearing:	HPC Hearing:
HPC Decision:	HPC Decision:	HPC Decision:
CC Hearing:	CC Hearing:	CC Hearing:
CC Decision:	CC Decision:	CC Decision:

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